

Marshall Space Flight Center		INDIVIDUAL DEVELOPMENT PLAN															
IDP																	
NAME:					SOCIAL SECURITY NUMBER:												
ORGANIZATION CODE:				GRADE:			JOB TITLE:										
EMPLOYEE GOAL																	
DEVELOPMENTAL ASSIGNMENTS																	
LOCATION				DESCRIPTION								DURATION					
TRAINING COURSES AND WORKSHOPS																	
APPROVAL	COURSE NUMBER	SESSION NUMBER	COURSE TITLE								NUMBER OF HOURS	PRIORITY					
<p>The plan for this individual has been reviewed by the employee, mentor and supervisor, and is subject to budget, scheduling, and workload constraints, and offers no guarantees or commitments on the Center's part for promotions, or timing of career steps, training, and education.</p>																	
AUTHORIZING SIGNATURES																	
EMPLOYEE'S TYPED NAME:					EMPLOYEE'S SIGNATURE:					DATE:							
SUPERVISOR'S TYPED NAME:					SUPERVISOR'S SIGNATURE:					DATE:							
MENTOR'S TYPED NAME:					MENTOR'S SIGNATURE:					DATE:							
REVIEWING OFFICIAL'S TYPED NAME:					REVIEWING OFFICIAL'S SIGNATURE:					DATE:							